

# DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5673 v0  
APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3		3		
5		0		0		
6		0		0		
7		0		0		
8	1		1			
9		1		1		
10		1		1		
11		3		3		
12		0		0		
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TOTAL IND.	↓	2	↓		↓	
TOTAL DEP.	←	26	←		←	
TOTAL CLAIMS		28				

PTO-1360 (REV. 11/84)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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